

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027537

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 346

VS 300
Rev. 4/59

1 0499

2 7000

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13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 17 1962

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin Mo</u>		c. CITY OR TOWN <u>Kansas City Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>917 Truman Rd</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Dorcie</u> Middle <u>Ernest</u> Last <u>Mitchell</u>		4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refrigeration</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Refrigeration</u>	9. AGE (last birthday) <u>48</u>
13a. FATHER'S NAME <u>Dorcie Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Helen B Mitchell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. #2</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Helen B Mitchell</u>		Address <u>917 Truman Rd Kansas City</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> DUE TO (b) <u>Collapse of lungs</u> DUE TO (c) <u>Fracture of chest + ribs with fracture of ribs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of left tibia + fibula</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>12:19</u> a.m. <u>A</u> Month, Day, Year <u>7-5-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7-2-62</u>	
20f. CITY, TOWN, OR LOCATION <u>Joplin</u>		COUNTY <u>Jackson</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>7-2-62</u> to <u>7-5-62</u> and last saw her/him alive on <u>7-5-62</u> Death occurred at <u>12:19 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James Aspholm MD</u> (Degree or title)		22b. ADDRESS <u>Finco Bldg Joplin</u>	
22c. DATE SIGNED <u>7-6-62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Dade Co Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 7 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>		23d. LOCATION (City, town, or county) <u>Dade Co Mo</u>	
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 24 1962

JUL 19 1962

JUL 24 1962

AUG 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 7409

P. O. Address Greenville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.